

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

The Special Registrar of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 791 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathaniel Knox

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 60 Years, _____ Months, ✓ Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Eastern Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give Street and Number. } 309 Montgomery St

Cause of Death, { First (Primary), Phthisis
Second (Immediate), Exhaustion }

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1887

{ Undertaker, to Erclus Ross } H. H. Goodman M. D.
Medical Attendant.

{ Place of Business, 404 Conway St Address, 1335 W Lombard St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **792** Office of Registrar of Vital Statistics.

Ward **4^c**
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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 20/87*

Full Name of Deceased, *Annie Thompson.* {Write legibly and spell correctly. If an Infant, not named, give names of parents.}

Sex, *Male* or Female, {Cross out the word not required in this line.}

Age, *5* Years, *5* Months, *24* Days.

Color, *White*

Married, Single, Widow or Widower, *Single* {Cross out the words not required in this line.}

Occupation, *Ball.*

Birth Place, *Lifetime* {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, *320*

Place of Death, *Holland St.* {Give Street and Number.}

Cause of Death, *Pertussis. Sudden*
Corbular collapse
3 weeks {First (Primary), Second (Immediate),}

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *July 2nd 1887*

{ Undertaker, *Henry Mitchell* } *Edward J. McDevide* M. D. Medical Attendant.

{ Place of Business, *208 S. Broadway* } Address, *208 S. Ringgold St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 793 Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Airey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 52 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. }

Little Walsh Street # 1817

Cause of Death, { First (Primary), Second (Immediate), } Suicide by taking Laudanum

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, Woodson Park

Date of Burial, July 2nd 1887

{ Undertaker, J. E. Hough }

{ Place of Business, _____ }

L. G. Spanow M. D.

Medical Attendant.

Coroner

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. A 794 Office of Registrar of Vital Statistics. Ward 8^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1887. 6.30 pm:

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Warner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, + Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Wine Polisher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 26 yrs & 6 mos

Place of Death, { Give street and Number. } 1076 N. Front St.

Cause of Death, { First (Primary). } Phthisis Pul.
{ Second (Immediate). } Failure of heart's action

Duration of Last Sickness, Three 3 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Dr. Lang per

Date of Burial, July 1st W. B. Keile M. D.

{ Undertaker H. C. Windfeld Medical Attendant.

{ Place of Business, 916 Green Mt Ave Address, City Hosp Press Bldg.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether-married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 795 Office of Registrar of Vital Statistics.

Ward

3^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 30th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Elizabeth Krehel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *37* Years, *3* Months, *20* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City Md

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give Street and Number. } *1603 E. Pratt St.*

Cause of Death, { First (Primary), Second (Immediate), }

Consumption

Duration of Last Sickness, *Eight months*

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Cemetery*

Date of Burial, *July 2, 1887*

{ Undertaker, *M. A. Haysen Atty.*

Nicholas L. Dashiell, M. D.
Medical Attendant.

{ Place of Business, *229 S. Broadway* } Address, *700 W. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1796 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Conally

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 1 Months, 5 Days 21

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } # 32 E. Montgomery St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions
Apnoea

Duration of Last Sickness, Fifteen hours & a half.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 1, 1887

{ Undertaker, } Michael Boyle Chas. W. O'Jaffer M. D.
Medical Attendant.

{ Place of Business, } 618 E. Charles St Address, # 48 E. Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 797

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30, 1887 11 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant. Parent names August Jones Palmer.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 7 Months, 8 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, { Give Street and Number. } 1443 Ward St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infusion.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 1, 1887

{ Undertaker, W. Chase } A. D. Knapp M. D.

Medical Attendant

{ Place of Business, 641 Howard } Address, 513 Scott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 798

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27. 87

Full Name of Deceased, Arthur B. Hagner

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, 13 Months, 1 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, Mo

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, 321 McCaney St

{ Give Street and Number. }

Cause of Death, old age

First (Primary),

Second (Immediate), diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharps Wharf Va

Date of Burial, July 1 1887

Undertaker, Denny & Mitchell

Place of Business, 1201 N. Fayette

Address, 1002 Edmondson Ave

J. M. Hensley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death; to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

(4745)

Board of Health, City of Baltimore.

Permit No. A. 799 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1884
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edmund J. Benson
 Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 25 Months, 7 Days,
 Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 2nd

Undertaker, B. Harle

Place of Business, 115 West Str

Geo. H. Benson M. D.
 Medical Attendant.

Address, 576 N. Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 800

Office of Registrar of Vital Statistics.

Ward 132

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1887
Full Name of Deceased, Joseph Shubert
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 66 Years, _____ Months, _____ Days.
Color, White
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, Farmer Laborer
Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, _____
Place of Death, Ind Univ Hospital on Grant St
{ Give Street and Number. }
Cause of Death, Inflammation of Bowels
{ First (Primary), Second (Immediate), }
Exhaustion
Duration of Last Sickness, 10 days
All the above information should be furnished by the Physician.
Place of Burial, N. Public Cemetery
Date of Burial, July 1/87
Undertaker, Geo. E. Brown J. M. M. M. M. D.
Place of Business, Health Office Address, Ind Univ Hospital
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]